

EXHIBIT A

ORLANDO
HEALTH

Heart Institute
Cardiology Group

Swathy Koll, M.D.
Sarah Seacrist, ARNP

DEAF: _____ LIC#: _____

SANDLAKE OFFICE:

7236 Stonerock Circle, Orlando, FL 32819

Ph: (407) 370-5800 • Fax: (407) 370-5820 • Prescription: (407) 370-5826

NAME Raji, Mustapha AGE 50
ADDRESS DOB 8/11/1970 DATE 10/8/2020

RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND
RESISTS ERASURES AND ALTERATIONS
ILLEGAL APPEARS IF COPIED

Rx Walk 3-5x/week for
30 minutes per day

Label

Refill NR 1 2 3 4 5

[Signature]
(Signature)

In order for the brand name product to be dispensed, the prescriber must write
"Medically Necessary" on the front of this prescription.

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